

Entered -08-07-01 - sb
CL 01L0504 - GWENDOLYN BURNS

01-R-1849

CLAIM OF:

SARAH W. KORN
2165 Brookridge Terrace
Alpharetta, Georgia 30201

For damages alleged to have been sustained when a vehicle was driven over a sewer construction site that was not properly covered in the roadway on June 5, 2001 at Peachtree Dunwoody Road, NE & Haven Oaks Court, NE (3740 Peachtree Dunwoody Road, NE).

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0504

Date: October 30, 2001

Claimant /Victim SARAH W. KORN

BY: (Atty) (Ins. Co.) _____

Address: 2165 Brookridge Terrace, Alpharetta, Georgia 30201

Subrogation: _____ Claim for Property damage \$ 667.97 Bodily Injury \$ _____

Date of Notice: 8/6/01 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/5/01 Place: Peachtree Dunwoody Rd. & Haven Oaks Ct. (3740 Peachtree Dunwoody Rd.)

Department _____ Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove over a sewer construction site in the roadway that was left open and in an unsafe manner. However, an investigation determined that an outside contractor performed work at the incident location. The claimant has been notified and her claim has been forwarded to the contractor for immediate resolution.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-31-01

Committee Action: _____ Council Action _____

RECEIVED AUG - 6 2001

BURNS
08/07/01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: August 06, 2001

Dear Municipal Clerk:

ENTERED - 8-7-01 - SB
01L0504 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 667.97 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: June 05, 2001 2. Time of Incident: n/a 3. Police called: Yes ☒ No ☐
(month/day/ year) Or Hauven Oaks Ex.
4. Location of incident (including street address): Peachtree Dunwoody approaching Peachtree Rd.
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: driving down Peachtree Dunwoody Road approaching Peachtree Road and car hit a deep hole present on Peachtree Dunwoody Road. According to BP gas station - this car was the fourth of that day to hit to the hole and receive damage.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Infinity - I30 2001 Sarah Korn
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Sarah W. Korn

(Print Claimant's Name)

2165 Brookridge Terrace

(Address)

Alpharetta, Georgia 30201

(City, State and Zip Code)

(770) 772-6575

(Work Number)

(Home Number)

Derek Korn
(7) 804-9999

6575